

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	PREPARATION OF METAL MESOPORPHYRIN HALIDE COMPOUNDS
Attorney Docket Number::	WELLSP 3.0-002 CIP
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	Figure 4
Total Drawing Sheets::	5
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Robert
Family Name::	Vukovich
City of Residence::	Holmdel
State or Province of Residence::	NJ
Country of Residence::	US
Street of mailing address::	7 Taylor Run
City of mailing address::	Holmdel
State or Province of mailing address::	NJ

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 07733

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Benjamin  
Family Name:: Levinson  
City of Residence:: Montgomery  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 91 Dead Tree Run Road  
City of mailing address:: Montgomery  
State or Province of mailing address:: NJ  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 08502

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United Kingdom  
Status:: Full Capacity  
Given Name:: George  
Middle Name:: S.  
Family Name:: Drummond  
City of Residence:: New York  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 304 West 75th Street  
City of mailing address:: New York  
State or Province of mailing address:: NY  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 10023

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Robert  
Family Name:: Caroselli  
Name Suffix:: R.ph  
City of Residence:: East Brunswick  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 5 Independence Drive  
City of mailing address:: East Brunswick  
State or Province of mailing address:: NJ  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 08816

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Kazimierz  
Middle Name:: G.  
Family Name:: Antczak  
City of Residence:: Culver  
State or Province of Residence:: IN  
Country of Residence:: US  
Street of mailing address:: 545 South Shore Drive  
City of mailing address:: Culver  
State or Province of mailing address:: IN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 46511

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada

Status:: Full Capacity  
Given Name:: Christopher  
Family Name:: Boucher  
City of Residence:: Newmarket  
Country of Residence:: Canada  
Street of mailing address:: 37 Harrsion Drive  
City of mailing address:: Newmarket  
State or Province of mailing address:: ON  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: L3Y4P3

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Richard  
Family Name:: Mortimer  
City of Residence:: Toronto  
Country of Residence:: Ontario  
Street of mailing address:: 98 Glenvale Boulevard  
City of mailing address:: Toronto  
State or Province of mailing address:: ON  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: M4G2V9

### **Correspondence Information**

Correspondence Customer Number:: 000530  
Phone number:: (908) 518-6388  
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E-Mail address:: sservilla@ldlkm.com

### **Representative Information**

Representative Customer Number:: 000530

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	10/453,815	06/03/03
10/453,815	An application claiming the benefit under 35 USC 119(e)	60/385,498	06/04/02

**Assignee Information**

Assignee name:: WellSpring Pharmaceutical Corporation  
Street of mailing address:: 1430 State Route 34  
City of mailing address:: Neptune  
State or Province of mailing address:: NJ  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 07753-6807